COMMONWEALTH of VIRGINIA

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David W. Reid, M.D.
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RE: License No. 0101-033089

Dear Dr. Reid:

This letter is official notification that an informal conference of the Virginia Board of Medicine ("Board") will be held on **Wednesday, October 22, 3003, at 8:45 a.m., at the Williamsburg Marriott, 50 Kingsmill Road, Williamsburg, Virginia**. The conference will be conducted pursuant to Sections 54.1-2919, 2.2-4019 and 2.2-4021 of the Code of Virginia (1950), as amended ("Code").

An Informal Conference Committee ("Committee"), composed of three members of the Board, will inquire into allegations that you may have violated certain laws governing the practice of medicine in Virginia during the course of your treatment of Patient A for chronic non-malignant pain due to reflex sympathetic dystrophy syndrome ("RSDS") and depressive disorder from approximately July, 1993 through approximately July, 2002. Specifically:

1. You may have violated §54.1-2915A(4) and (3), as further defined in §54.1-2914.A (8) and (11) *[formerly §54.1-2914.A(10) and (13)]* of the Code as your care and management of Patient A for chronic pain is grossly careless, a danger to the health and welfare of your patient, and harmful to the public, in that:

a. You failed to perform an appropriate initial physical examination and conduct appropriate testing given Patient A's extensive prior history and you failed to explore the effectiveness of previous treatment plans.

b. During the nine-year period you treated Patient A, you failed to conduct substantive physical examinations or reviews related to his progress. You failed to objectively and subjectively monitor pain levels and functional changes to Patient A. You failed to establish a comprehensive treatment plan and then monitor such plan regularly to document the effectiveness of treatment.

c. Except for an initial brief, telephonic consultation with a pain management specialist in or about July 1993, you did not confer with any other specialist during your treatment of Patient A, despite the patient's lack of progress, your continuing increase of dosages without any sustained improvement in functioning, and your own lack of experience in the area of pain management.

d. You ignored documentation of multiple prior treating physicians that Patient A was an abuser of prescription drugs and manipulative of medical providers. Your record for Patient A contains documentation of seven prior treating physicians' concerns with his use of narcotics.

e. Despite your own experience early in treatment that Patient A overused the drugs you prescribed, as documented in your Progress Note of October 19, 1993, wherein you stated, "I will need to carefully monitor the amount [of medication] that he gets," you continued to increase the quantity of narcotic medication prescribed.

f. You failed to cause Patient A to enter into a pain management agreement or to otherwise monitor Patient A's use of medication through regular drug screenings, dosage counts, and medication refills to monitor compliance with medication usage.

2. You may have violated § 54.1-2915.A(4) and (3), as further defined in §54.1-2914.A(3), (8), (11) and (12) *[formerly §54.1-2914.A(5), (10), (13) and (14)]*, § 54.1-3303 of the Code when you indiscriminately prescribed Dilaudid (hyrdomorphone), a schedule II controlled substance of high abuse potential, in excess of recommended dosages without substantiating the necessity for the excess prescriptions in Patient A's medical record. Patient A's record reflects no systematic monitoring of the effect of these increased dosages on his course of treatment. From June, 2000 to April 2001, contrary to sound medical judgment, you prescribed 13,800 dosage units of Dilaudid 4mg to Patient A, along with substantial quantities of Valium (diazepam), a Schedule IV controlled substance of abuse potential. In July 2002, Patient A was arrested for selling Dilaudid.

3. You may have violated § 54.2915.A(4) and (3) as further defined in §54.1-2914.A(3), (8), (11) and (12) *[formerly § 54.1-2914.A(5), (10), (13) and (14)]*, and §54.1-3303 of the Code when you continued to prescribe narcotics to Patient A from March 1999 through